

NOTICE OF INTENT (NOI) LETTER
FOR ING080000 GROUND WATER PETROLEUM
REMEDATION
GENERAL NPDES PERMIT

State Form xxxxx [not yet approved]
Approved by State Board of Accounts [year]
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

Mail this form and required attachments to:

**INDIANA DEPARTMENT OF ENVIRONMENTAL
MANAGEMENT**
Office of Water Quality, General NPDES Permits
100 North Senate Avenue, IGCN Room 1255
Indianapolis, IN 46204-2251

rev. 09/23/2015

INSTRUCTIONS

- *This form must be used to apply for coverage under the General NPDES Permit for wastewater from ground water petroleum remediation systems pursuant to NPDES Permit No. ING080000.*
- *Please type or print in ink. Do not use white-out to correct errors. Strike-through and initial any corrections.*
- *Further item-specific instructions are provided in Appendix A at the end of this form.*

For questions regarding this form, the required attachments, and permit requirements, contact the IDEM General NPDES Permit staff at telephone number (317) 234-8745 or (800) 451-6027, ext 48745 (within Indiana).

ELIGIBILITY REQUIREMENTS

This general permit covers discharges of ground water petroleum remediation wastewater which is defined as: the discharge from any conveyance used for collecting and conveying wastewater which is directly related to ground water petroleum remediation systems or activities. Coverage does **not** apply to the following:

1. Remediation sites that contain contaminants other than gasoline, diesel fuel, kerosene, or similar constituents.
2. Discharges directly to waters designated as Outstanding National Resource Waters or Outstanding State Resource Waters (as defined in IC 13-11-2-149.5 and IC 13-11-2-149.6, and listed in 327 IAC 2-1.3-3(d).
3. Discharges containing water treatment additives that have not received prior written approval from IDEM for the specific additive, use, and dosage at the particular facility for which this Notice of Intent (NOI) is being submitted.
4. Discharges to a water body that is on the current 303(d) list of impaired waters that will result in an increase in the ambient concentration of a pollutant which contributes to the impairment of the water body for that pollutant as identified in the current 303(d) list.

By checking ☐ this box, I certify that this project is eligible for coverage under this general permit

APPLICATION TYPE

NEW []
RENEW []
MODIFICATION []

PERMIT NUMBER, IF APPLICABLE: Facility ID NUMBER:

LUST ID NUMBER (See Appendix A)

OTHER PERMIT NUMBER(S) APPLICABLE TO SITE:

DESCRIPTION OF PROPOSED MODIFICATION IF APPLICABLE

PART A: GENERAL INFORMATION FOR FACILITY

1. FACILITY NAME

2. FACILITY MAILING ADDRESS (see Appendix A)

STREET ADDRESS

CITY

STATE

ZIP CODE

3. FACILITY PHYSICAL LOCATION (see Appendix A)

STREET ADDRESS

CITY

STATE

ZIP CODE

4. PARENT COMPANY/OWNER'S COMPLETE MAILING ADDRESS

COMPANY NAME

STREET ADDRESS

CITY

STATE

ZIP CODE

**5. FACILITY SIC CODE
(see Appendix A)**

6. FACILITY COUNTY

7. LATITUDE & LONGITUDE OF CENTER OF FACILITY SITE (see Appendix A)

Latitude

Longitude

degree

minute

second

degree

minute

second

8 What is the nature of the primary business conducted at the facility or site? (Example: gas station)

9. Provide a brief description of the facility operations that result in the discharge. (Example: extraction of gasoline from contaminated ground water). Remediation projects which are not subject to the IDEM, OLQ, Leaking Underground Storage Program must provide a detailed explanation of the site and source water for which general permit coverage is being sought.

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PART B: CONTACT INFORMATION FOR RESPONSIBLE OFFICIAL (AUTHORIZED NOI SIGNATORY)

Provide information regarding the responsible official who has the authorization to sign this NOI in accordance with 40 CFR 122.22. If the responsible official wishes to delegate signatory authority for reports and other correspondence related to this NOI, that delegation must be made in writing to IDEM. This delegation of authority may occur either via this NOI or via a letter (signed and dated by the responsible official) which shall be submitted to the address on the front page of this NOI form.

10. NAME OF RESPONSIBLE OFFICIAL	11. DELEGATED SIGNATORY PERSON (OR POSITION) TO SIGN REPORTS AND FILE ADDITIONAL NOI CONTENT REQUIREMENTS
RESPONSIBLE OFFICIAL'S TITLE	DELEGATED SIGNATORY PERSON'S TITLE or POSITION
RESPONSIBLE OFFICIAL'S TELEPHONE NUMBER	DELEGATED SIGNATORY PERSON'S TELEPHONE NUMBER
RESPONSIBLE OFFICIAL'S FACSIMILE NUMBER	DELEGATED SIGNATORY FACSIMILE NUMBER
RESPONSIBLE OFFICIAL'S PERSON'S EMAIL ADDRESS	DELEGATED SIGNATORY PERSON'S EMAIL ADDRESS

PART C: OTHER CONTACT INFORMATION

12. DISCHARGE MONITORING REPORTS CONTACT AND MAILING INFORMATION	<u>CONTACT PERSON AND COMPANY NAME</u>		
<u>CONTACT TELEPHONE NUMBER</u>	<u>STREET ADDRESS</u>		
<u>CONTACT EMAIL ADDRESS</u>	<u>CITY</u>	<u>STATE</u>	<u>ZIP</u>
13. ANNUAL FEE & FINANCIAL CONTACT AND BILLING ADDRESS	<u>CONTACT PERSON AND COMPANY NAME</u>		
<u>CONTACT TELEPHONE NUMBER</u>	<u>STREET ADDRESS</u>		
<u>CONTACT EMAIL ADDRESS</u>	<u>CITY</u>	<u>STATE</u>	<u>ZIP</u>
14. OPERATOR/ OTHER CONTACT AND MAILING INFORMATION (as necessary)	<u>CONTACT PERSON AND COMPANY NAME</u>		
<u>CONTACT TELEPHONE NUMBER</u>	<u>STREET ADDRESS</u>		
<u>CONTACT EMAIL ADDRESS</u>	<u>CITY</u>	<u>STATE</u>	<u>ZIP</u>

PART D: OUTFALL INFORMATION:

Provide the following information for all outfalls/discharges to be covered by this general permit. You may attach additional sheets if necessary.

15. OUTFALL	16. LATITUDE						LONGITUDE						17. RECEIVING WATER (see Appendix A)	18. FOR ANY DISCHARGE INTO A STORM SEWER, IDENTIFY THE STORM SEWER OWNER. (see Appendix A)	19. ANTICIPATED DAILY VOLUME OF DISCHARGE in MGD AND METHOD OF DETERMINATION OF VOLUME
	deg	min	sec.	deg.	min.	sec.									

PART E: WASTEWATER (UNTREATED) CHARACTERISTICS

Provide the following information for all outfalls/discharges to be covered by this general permit. The data shall be representative of the ground water *prior* to treatment or remediation. You may attach additional sheets if necessary.

- A. Existing Sources – Provide measurements for the parameters listed in the left hand column, unless waived by the permitting authority (see Appendix A).
- B. New Dischargers- Provide measurements for the parameters listed in the left-hand column below, unless waived by the permitting authority. If for any reason measurements cannot be taken, the data may be estimated as long as information regarding the source of the estimated value is reported (see Appendix A).

	(1) 20. Maximum Daily Value (include units)		(2) 21. Average Daily Value (last year) (include units)		22. (3) Number of Measurements Taken (last year)	or (4) Source of Estimate (if new discharger)
	Mass	Concentration	Mass	Concentration		
Biochemical Oxygen Demand (BOD)						
Total Suspended Solids (TSS)						
Fecal coliform (if present or believed present) (units in count/100 ml)						
Total Residual Chlorine (if chlorine is used)						
Oil and Grease						
Ammonia (as N)						
Benzene						
Toluene						
Ethylbenzene						
Xylenes						
BTEX (Total)						
Lead, Total Recoverable						
Methyl Tertiary Butyl Ether (MTBE)						
Naphthalene						
Polycyclic Aromatic Hydrocarbons, (PAHs). Report the combined concentrations of the following: anthracene, benzo(a)anthracene, benzo(k)fluoranthene, 3,4-benzofluoranthene (benzo(b)fluoranthene), benzo(g,h,i)perylene, benzo(a)pyrene, chrysene, dibenzo(a,h)anthracene, fluorene, indeno(1,2,3-c,d)pyrene, naphthalene, phenanthrene, and pyrene.						
Discharge Flow	VALUE in MGD		VALUE IN MGD			
Temperature (Winter)	VALUE in DEGREES FAHRENHEIT		VALUE in DEGREES FAHRENHEIT			
Temperature (Summer)	VALUE in DEGREES FAHRENHEIT		VALUE in DEGREES FAHRENHEIT			
pH (S.U.)	MINIMUM		MAXIMUM			

PART F: WATER TREATMENT ADDITIVES:

Please fill out the following additional information about the discharge from each outfall. Note that the only additives that may be used under this permit are those which have been previously approved for use at this site by the Indiana Department of Environmental Management and that are already in use at the time of this submittal. You may attach additional sheets if necessary. (See Appendix A)

23. OUTFALL 2. NO.	24. WATER TREATMENT ADDITIVES (WTAs) TO BE USED (ATTACH A COPY OF IDEM APPROVAL LETTER FOR EACH WTA TO BE USED)

PART G: IDENTIFICATION OF POTENTIALLY AFFECTED PERSONS

25. Pursuant to IC 4-21.5 each applicant for general permit coverage is required to provide a listing of all persons who are potentially affected by the discharge(s) to be covered under the general permit. PLEASE NOTE THAT MAILING LABELS ARE ALSO REQUIRED WITH THIS SUBMITTAL. (See instructions in Appendix A).

Please list here any and all persons whom you have reason to believe have a substantial or proprietary interest in this matter, or could otherwise be considered to be potentially affected under the law. Failure to notify any person who is later determined to be potentially affected could result in voiding our decision on procedural grounds. To ensure conformance with AOPA and to avoid reversal of a decision, please list all such parties. Attach additional names and addresses on a separate sheet of paper, as needed.

Name:	Name:
Street address:	Street address:
City/State/ZIP code:	City/State/ZIP code:
Name:	Name:
Street address:	Street address:
City/State/ZIP code:	City/State/ZIP code:
Name:	Name:
Street address:	Street address:
City/State/ZIP code:	City/State/ZIP code:
Name:	Name:
Street address:	Street address:
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Name:	Name:
Street address:	Street address:
City/State/ZIP code:	City/State/ZIP code:
Name:	Name:
Street address:	Street address:
City/State/ZIP code:	City/State/ZIP code:

PART H: ADDITIONAL REQUIRED ATTACHMENTS

26. PROOF OF PUBLICATION

The NOI letter must also contain proof of publication of the following statement in a newspaper of largest circulation in the area of the discharge:

(facility name, address, address of the location of the discharging facility) "is submitting a Notice of Intent to notify the Indiana Department of Environmental Management of our intent to comply with the requirements under National Pollutant Discharge Elimination System (NPDES) general permit ING080000 to discharge non-process wastewater from a ground water petroleum remediation operation. Discharge will be to *(name(s) of the streams or water body(ies) receiving the discharge(s))*"

"Any person wishing further information about this discharge may contact *(facility contact person's name and telephone or email address)*. The decision to issue coverage under this NPDES general permit for this discharge is appealable as per IC 4-21.5. Any person who wants to be informed of IDEM's decision regarding granting or denying coverage to this facility under this NPDES permit, and who wants to be informed of procedures to appeal the decision, may contact IDEM's offices at OWQWWPER@Idem.IN.gov to be placed on a mailing list to receive notification of IDEM's decision."

This publication must be in the newspaper for a minimum of one day. Be advised that notices without the proper information will not be sufficient, and IDEM will require that a new public notice be placed in the newspaper. If the proof of publication is not available, a legible photocopy of the article that contains the name of the newspaper and the date the article was run is also acceptable. Please attach proof of publication of this statement from the newspaper to the NOI.

27. REQUIRED MAPS

- A. A topographical map must be submitted with this NOI. The map must include the following items:
- (1) the location of the operation shown clearly and identified by name and by mark;
 - (2) the location of each numbered outfall shown clearly and identified by number and by mark;
 - (3) the receiving stream(s) that each outfall discharges to, shown clearly and identified by name; and
 - (4) any existing permanent structures or roads in the area shown clearly and identified by name.
- B. A site map must be submitted with this NOI. The site map must show and identify the significant structures, including all outfall and sampling locations, and any flow paths from discharge point to receiving waters.
- C. A flow schematic diagram for each permitted outfall must be submitted with this NOI. This diagram should show the path that the process wastewater travels through the facility to the point where it is discharged. If multiple outfalls will follow essentially the same path, these outfalls may be included on one diagram. Please illustrate the diagrams with applicable text describing the nature of the discharge from each outfall.

PART I: APPLICATION FEE

28. A \$50 fee is required to be submitted with this NOI in accordance with IC 13-18-20-12. The \$50 fee is applicable for each new NOI, renewal, and modification. (Updates to information in Parts B and C shall not be subject to the \$50 fee for modifications.) Checks or money orders shall be made payable to IDEM.

PART J: SIGNATORY CERTIFICATION STATEMENT

29. The NOI must be signed by the Responsible Official (as identified in Part B, item 10. Also see Appendix A):

"I certify under penalty of law that this document and all its attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations."

Printed or Typed Name of Responsible Official

Title

Signature

Date signed

PART K: ADDRESS

30. Please use the address at the top of page 1 of the NOI form to submit the completed NOI form, attachments, and fee.

APPENDIX A: SUPPLEMENTAL INSTRUCTIONS

APPLICATION TYPE: The Facility ID number and the LUST ID Number refer to the identifying numbers assigned by IDEM's Office of Land Quality's Leaking Underground Storage Tank (LUST) Program. Both of these identifying numbers should be provided in the boxes in this section. NOIs which lack a Facility ID number and a LUST ID Number must provide a very detailed description of the activities which are the basis for the NOI submittal with the information provided in response to Item 9.

For the purposes of this form a modification would consist of removing an existing outfall, adding an outfall in a new location, updating the quantity of discharge anticipated, or updating your wastewater characterization if it is determined that an actual value differs significantly from what you stated on a previous submittal. Please note that outfall locations are considered for the purposes of this permit to be discrete points. If you relocate an outfall you must apply for a modification to remove the outfall at the previous location, and add a new outfall, with a new outfall number, to the permit.

Changes in contact information must be reported, but you may do so with a letter signed by the responsible official (Part B, Item 10) or delegated signatory authority (Part B, Item 11). An NOI modification submittal is not required.

ELIGIBILITY REQUIREMENTS Item 4: Prior written approval from IDEM is required for any substance that is to be added to the water that is to be discharged. A copy of this approval must be submitted with your NOI form. To obtain this approval, see State Form 50000 (located on the "Forms" page of the Office of Water Quality section of IDEM's website).

Part A, item 1: Enter the name of the specific site location that is to be permitted. This will be a unique name to identify this single site in correspondence and conversation.

Part A, Items 2 and 3: If the physical location is the same as the mailing address of the site to be permitted, then both of these sections will be the same. In this case you may fill in the first and fill in "same" in the second. However if the mailing address is not sufficient to allow a person who wishes to visit the site to find it, then section 3 should be a description of where the site itself is located. You may attach additional sheets if the boxes provided do not offer sufficient space to provide a proper location description.

Part A, Item 4: Enter the name and mailing address of the company that owns the site. This may be the name of the site itself but does not have to be. For example if "ABC Stone company" owns quarries at several locations, one of which this permit is being applied for, then "ABC Stone Company" and location of ABC Stone Company's signatory (see Part B, item, 10, below) would be listed here.

Part A, Item 5: Enter the four digit Standard Industrial Classification (SIC) code which identifies the facility's primary activity. SIC codes can be obtained from the Standard Industrial Classification Manual, 1987, by accessing the Occupational Safety and Health Administration (OSHA) website, or by contacting the Indiana Department of Workforce Development.

Part A, Item 7: The latitude and longitude of the approximate center of the facility must be in the degrees/minutes/seconds format. Longitude and latitude can be obtained from United States Geological Survey (USGS) quadrangle or topographic map, by calling (888) 275-8747, or by accessing a locational website and conducting a search based on the facility street address. You may also access this information with the use of a handheld GPS unit at the site.

Longitude and Latitude in decimal degrees may be converted to degrees/minutes/seconds for proper entry on the NOI by following this example:

Convert decimal latitude 45.1234567 to degrees/minutes/ seconds

1. The numbers to the left of the decimal point are degrees: 45.
2. To obtain minutes multiply the first four numbers to the right of the decimal point by 0.006: $1234 \times 0.006 = 7.404$
3. The numbers to the left of the decimal point in the result obtained in (2) are the minutes: 7
4. To obtain seconds multiply the remaining three numbers to the right of the decimal from the result obtained in (2) by 0.06: $404 \times 0.06 = 24.24$.
5. Since the numbers to the right of the decimal are not used the result is 24 seconds.
6. The conversion for 45.1234567 is 45° (degrees), 7' (minutes), and 24" (seconds).

Part A, Item 9: All applicants for this general permit coverage must provide a brief description of the activities at the site which are the source of the discharge. Any ground water remediation site which does not have a Facility ID number or LUST ID number (assigned by the IDEM Office of Land Quality) must provide a very detailed description of the activities at the site for which general permit coverage is sought._

Part B, item 10: The Responsible Official must meet one of the following requirements:

- a) For a corporation, the person must be a responsible corporate officer, which means either of the following:
 - (1) A president, secretary, treasurer, any vice president of the corporation in charge of a principal business function, or any other person who performs similar policymaking or decision making functions for the corporation.
 - (2) A manager of one (1) or more manufacturing, production, or operating facilities, provided, the manager is authorized to make management decisions which govern the operation of the regulated facility, including having the explicit or implicit duty of making major capital investment recommendations, and initiating and directing other comprehensive measures to assure long term environmental compliance with environmental laws and regulations; the manager can ensure that the necessary systems are established or actions taken to gather complete and accurate information for permit application requirements; and where authority to sign documents has been assigned or delegated to the manager in accordance with corporate procedures.
- b) For a partnership or sole proprietorship, the person must be a general partner or the proprietor, respectively.
- c) For a municipality, state, federal, or other public agency or political subdivision thereof, the person must be either a principal executive officer or ranking elected official. For purposes of this section, a principal executive officer of a Federal agency is:
 - (1) The chief executive officer of the agency, or
 - (2) A senior executive officer having responsibility for the overall operations of a principal geographic unit of the agency (e.g., Regional Administrator of U.S. EPA).

Part D, Item 15: Enter a three number designation for each point where you will discharge, for example, 001, 002, 003, etc.

Part D, Item 16, See the instructions for Part A, Item 7, above.

Part D, Item 17: Enter the name of the waters of the state into which the discharges from each outfall will occur, as either the body of water itself, if the discharge is direct, or taking into account tributaries, if applicable; EXAMPLE: "Stone Creek", or "Connor Ditch to Stone Creek"; or "unnamed tributary to Connor Ditch".

Part D, Item 18: If the discharge first enters a storm sewer which then carries it to a water of the state, then please provide the name of the owner of the storm sewer; EXAMPLE: "City of Muncie Department of Public Works" or "LaPorte Storm Sewer System" to Connor Ditch.

Part E, items 20 and 21: All pollutant levels must be reported as concentration and as total mass (except for discharge flow, pH, and temperature). Total mass is the total weight of pollutants discharged over a day. Use the following abbreviations for units:

Concentration	Mass
ppm.....parts per million	lbs.....pounds
mg/l.....milligrams per liter	ton.....tons (English tons)
ppb.....parts per billion	mg.....milligrams
ug/l.....micrograms per liter	g.....grams
kg.....kilograms	T.....tonnes (metric tons)
ng/l.....nanograms per liter	

A. Existing Sources

You are required to provide at least one analysis for each pollutant or parameter listed that is known or believed to be present by filling in the requested information in the applicable column. Data reported must be representative of the facility's current operation (average daily value over the previous 365 days should be reported). Parameters not present should be marked N/A.

The pollutants or parameters listed are average flow, biochemical oxygen demand (BOD), total suspended solids (TSS), fecal coliform (if believed present), pH, total residual chlorine (if chlorine or chlorinated water is used), temperature (winter and summer), oil and grease, ammonia (as N), benzene, toluene, ethyl benzene, xylene, Total BTEX, lead, Methyl Tertiary Butyl, Ether (MTBE), and naphthalene. The analysis of these pollutants or parameters must be done in accordance with procedures promulgated in 40 CFR Part 136. Grab samples must be used for pH, temperature, residual chlorine, oil and grease, benzene, toluene, ethyl benzene, xylene, Total BTEX, lead, Methyl Tertiary Butyl, Ether (MTBE), and naphthalene, and fecal coliform. For all other pollutants, a 24-hour composite sample must be used. Any further questions on sampling or analysis should be directed to (317) 232-8704 or OWQWWPER@idem.IN.gov.

The Commissioner may request that you do additional testing, if appropriate, on a case by case basis under Section 308 of the Clean Water Act (CWA).

B. New Dischargers

You are required to provide at least one analysis for each pollutant or parameter listed that is known or believed to be present by filling in the requested information in the applicable column. Data reported must be representative of the ground water to be remediated, but prior to treatment. Parameters not present should be marked N/A. If, however, such data is not available, then the reported data may be estimated. The source of the estimates should be provided in the second column of item 22. Base your determination of whether a pollutant will be present in your discharge on your knowledge of the proposed facility's use of maintenance chemicals, and any analyses of your effluent or of any similar effluent. You may also provide the estimates based on available in-house or contractor's engineering reports or any other studies performed on the proposed facility. In providing the estimates, use the codes in the following table to indicate the source of such information.

Engineering study Code

Actual data pilot plants.....	1
Estimates from other engineering studies.....	2
Data from other similar plants.....	3
Best professional estimates.....	4
Others	specify on the form

C. Testing Waivers

To request a waiver from reporting any of these pollutants or parameters, the applicant (whether a new or existing discharger) must submit to the permitting authority a written request specifying which pollutants or parameters should be waived and the reasons for requesting a waiver. This request should be submitted to the permitting authority before submitting the NOI, or with the NOI. The permitting authority may waive the requirements for information about any pollutant or parameter if it is determined that less stringent reporting requirements are adequate to support approval of discharge permit coverage. No extensive documentation of the request will normally be needed, but the applicant should contact the permitting authority if he or she wishes to receive instructions on what his or her particular request should contain.

Part F, Item 24: Water Treatment Additives may only be used at outfalls to be covered by this general permit if the applicant has received prior approval from IDEM, as denoted in the Eligibility Requirements on Page 1 of the NOI form. For more information, please contact us at (317) 232-8704 or OWQWWPER@idem.IN.gov.

Part G, Item 25: Identification of Potentially Affected Persons

The Administrative Orders and Procedures Act (AOPA) IC 4-21.5-3-5(b), requires that the Indiana Department of Environmental Management (IDEM) give notice of its decision on your Notice of Intent to the following persons:

- 1) Each person to whom the decision is specifically directed;
- 2) Each person to whom a law requires notice to be given;
- 3) Each competitor who has applied to the IDEM for a mutually exclusive license, if issuance is the subject of the decision and the competitor's application has not been denied in an order for which all rights to judicial review have been waived or exhausted;
- 4) Each person who has provided the IDEM with a written request for notification of the decision;
- 5) Each person who has a substantial and direct proprietary interest in the issuance of the permit/variance;
- 6) Each person whose absence as a party in the proceeding concerning the (permit) decision would deny another party complete relief in the proceeding or who claims an interest related to the issuance of the (permit) and is so situated that the disposition of the matter, in the person's absence may:
 - a) As a practical matter impair or impede the person's ability to protect that interest, or
 - b) Leave any other person who is a party to a proceeding concerning the permit subject to a substantial risk of incurring multiple or otherwise an inconsistent obligation by reason of the person's claimed interest.

IC 4-21.5-3-5(f) provides that we may request your assistance in identifying these people.

Additionally, IC 13-15-3-1 requires IDEM to send notice that the permit application has been received by the department to the following:

- The board of county commissioners of a county affected by the permit application and
- b) The mayor of a city that is affected by the permit application, or
 - c) The president of a town council of a town affected by the permit application.

Please provide, on the following form, the names of those persons affected by these statutes, **and include mailing labels for each of these persons with your NOI**. These mailing labels should have the names and addresses of the affected parties along with our mailing code (65-42PS) listed above each affected party listing.

Example: 65-42PS
 John Doe
 111 Circle Drive
 City, State, Zip Code

Part J, Item 29: 40 CFR 122.22 and 327 IAC 5-2-22 require that an application for an NPDES permit or an NOI for a general permit must be signed by a person who meets the definition of Responsible Official. This definition is explained in the instructions for Part B, Item 10 above.